

Lincoln Police Department James Peschong, Chief of Police 575 South 10th Street Lincoln, Nebraska 68508

402-441-7204 fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

January 23, 2013

Mayor Beutler and City Council City of Lincoln City County Building Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Sam & Louies Pizzeria, 1332 'P' Street requesting a class I/K liquor license.

This location currently holds a liquor license but it has new ownership.

Paul Johnson has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Paul Johnson was born in Hastings, Nebraska. He attended Hasting High School graduating in 1990.

Paul Johnson employment history is as follows:

2011 - Present

Sam & Louies

Lincoln, NE.

2006 - 2010

Executive Chef, Lancaster Event Center

Lincoln, NE.

The applicant has been informed about the required training.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

JIM PESCHONG, Chief of Police



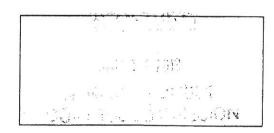


#### APPLICATION FOR LIQUOR LICENSE **CATERING LICENSE**

NEBRASKA LIQUOR CONTROL COMMISSION 301 CENTENNIAL MALL SOUTH PO BOX 95046 LINCOLN, NE 68509-5046 PHONE: (402) 471-2571 FAX: (402) 471-2814 Website: www.lcc.ne.gov

CLASS OF LICENSE AND NUMBER

GENERAL NOTARY - State of Nebraska SAMIP PATEL My Comm. Exp. June 5, 2016



#### **FEE \$100.00**

A catering license allows a retail licensee to deliver, sell or dispense alcoholic liquors. including beer, for consumption at a location designated on a Special Designated License (SDL). The catering license is renewed in the same manner and time as the retail license held by the licensee. A licensee shall not cater an event unless a SDL has been obtained. An applicant seeking a SDL must be filed with the local governing body where the event is to be held at least 21 days prior to the event. The application must then be filed with the Commission ten working days prior to the event. The local or county approval and law enforcement notification letter must accompany the SDL when submitted to the Commission. The \$40 per day license fee is waived for the holder of a catering license and the number of events allowed is unlimited.

THIN CONTE

NAME OF LICENSEE TLD Foods, Inc.
TRADENAME Sam & Lovies (Dorustown)
PREMISE ADDRESS 1332 P 54
CITY/STATE/ZIP CODE Lincoln, NE 68508
A copy of your application for a catering license will be forwarded to the local governing body for recommendation Neb.rev.state., the Liquor Commission shall set for hearing any application receiving local governing body denial, a citizens protest or having statutory problems discovered by the Commission. If the local governing body does not make a recommendation, the Commission may approve or deny the issuance of a license. Catering licenses shall be delivered to the licensee in the same manner as provided in subsection (4) of Neb. rev. state., for delivery of licenses.
Signature of Licensee
Subscribed in my presence and sworn to before me this 14 day of January, 2013
Notary Public Signature & Seal

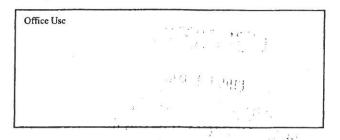
PREMISE INFORMATION		
Trade Name (doing business as)	am & Louies	
Street Address #1 1332 P S	t., Ste A	
Street Address #2		
<sub>City</sub> Lincoln	County Lancaster	Zip Code 68508
Premise Telephone number 402	-475-0775	and the same of th
Is this location inside the city/village	ge corporate limits: YES	□ NO
	o receive mail from the Commission)	· · · · · · · · · · · · · · · · · · ·
Name TLD Foods, Inc.		
Street Address #1 8314 Upto	on Grey Lane	with a stone of the Att
Street Address #2		
CityLincoln	<sub>State</sub> NE	Zip Code 68516
	AM OF THE STRUCTURE TO BE LICI	ENSED
READ CAREFULLY In the space provided or on an attacarea, sales areas and areas where covered by the license, you must stientire building. No blue prints plea	chment draw the area to be licensed. This should consumption or sales of alcohol will take place till include dimensions (length x width) of the license. Be sure to indicate the direction north and not licenses minimum standards must be met by proven	Id include storage areas, basement, outdoor. If only a portion of the building is to be censed area as well as the dimensions of the number of floors of the building.
READ CAREFULLY  In the space provided or on an attacarea, sales areas and areas where covered by the license, you must strentire building. No blue prints plea  **For on-premise consumption lique  Length 70 feet  Width 39 feet	chment draw the area to be licensed. This should consumption or sales of alcohol will take place. It include dimensions (length x width) of the licese. Be sure to indicate the direction north and n	Id include storage areas, basement, outdoor. If only a portion of the building is to be tensed area as well as the dimensions of the number of floors of the building. iding at least two restrooms
READ CAREFULLY  In the space provided or on an attacarea, sales areas and areas where covered by the license, you must strentire building. No blue prints plea  **For on-premise consumption lique  Length 70 feet  Width 39 feet	chment draw the area to be licensed. This should consumption or sales of alcohol will take place till include dimensions (length x width) of the license. Be sure to indicate the direction north and not licenses minimum standards must be met by prover BE LICENSED BELOW OR ATTACH SEPARATE	Id include storage areas, basement, outdoor. If only a portion of the building is to be tensed area as well as the dimensions of the number of floors of the building. iding at least two restrooms

### APPLICANT INFORMATION

Has anyone who is a party to the means any charge alleging a feresolution. List the nature of the list any charges pending at the YES   If yes, please explain below	his application, or the lony, misdemeanor, he charge, where the time of this application	neir spouse, <u>EVER</u> , violation of a fede e charge occurred a tion. If more than	ral or state law; a violation and the year and month of	d guilty to any charge. Charge on of a local law, ordinance or the conviction or plea. Also
Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted ( city & state)	Description of Charge	Disposition
Cory Lyons	06/1995	Lincoln, NE	DUI	closed
	1			
2. Are you buying the business	of a current retail l	-		
xx YES	□ NO	13	M Foods, Inc.	
a) Submit a copy of the	sales agreement hol being purchased	l, list the name bran	m & Louie's	
3. Was this premise licensed a	s liquor licensed bu	siness within the la	st two (2) years?	
₩ YES		Ifm Foods		
If yes, give name and li	cense number Sa	m & Louie	e's #86828	
1. Are you filing a temporary o				
xx YES	П ио			
If yes: a) Attach temporary op b) T.O.P. will only be a			lds a valid liquor license.	
. Are you borrowing any mone	ey from any source,	include family or	friends, to establish and/o	or operate the business?
× YES	□ NO			
If yes, list the lender(s)	Cornhusk	er Bank		

## APPLICATION FOR LIQUOR LICENSE **CORPORATION INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION 301 CENTENNIAL MALL SOUTH PO BOX 95046 LINCOLN, NE 68509-5046 PHONE: (402) 471-2571 FAX: (402) 471-2814 Website: www.lee.ne.gov



Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed

<ol> <li>President/CEO and stockholders holding over 25% and the fingerprints (2 cards per person)</li> <li>Officers, directors and stockholders holding over 25 % sha sign the signature page of the Application for License form</li> </ol>	res of stock and their spouse (if applicable) must
Attach copy of Articles of Incorporation (Articles must sh	
Name of Registered Agent: TLD Foods, Inc.	Cory Lyons
Name of Corporation that will hold license as listed on the	e Articles
TLD Foods, Inc.	010171168
Corporation Address: 8314 Upton Grey Lan	e
City: Lincoln State:	NE Zip Code: 68516
Corporation Phone Number: 402-435-7242	Fax Number
Total Number of Corporation Shares Issued: 10,000	
Name and notarized signature of President/CEO (Information	ation of president must be listed on following page)
Last Name: Lyons First	t Name: Cory MI: W
Home Address: 8314 Upton Grey Lane	<sub>City:</sub> Lincoln
State: NE Zip Code: 68516	Home Phone Number: 4024357242
Signature of Presid	ent/CEO
ACKNOWLE	
ACKNOWL	EDGEMENT
State of Nebraska /	
State of Nehraska	regoing instrument was acknowledged before me this
State of Nebraska County of The for by	EDGEMENT

Last Name: Lyons First Name: Cory MI: W Social Security Numbe \_\_\_\_ Date of Birth: Title: Pres./Sec. \_\_\_\_\_Number of Shares 10,000 Spouse Full Name (indicate N/A if single): Gina K. Lyons Spouse Social Security Number: \_\_\_\_\_\_ Date of Birth.\_\_\_\_ Last Name: First Name: MI: Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Title: Number of Shares Spouse Full Name (indicate N/A if single): Spouse Social Security Number: \_\_\_\_\_ Date of Birth: Last Name: First Name: MI: Social Security Number:\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_ Title: Number of Shares Spouse Full Name (indicate N/A if single): Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_ Last Name: First Name: MI: Social Security Number:\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_ Title: Number of Shares Spouse Full Name (indicate N/A if single): Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_

List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has

been submitted)

# Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE	<b>O</b> FEM	<b>IALE</b>				
Last Name: Johnson			First Name: Paul		M	$A_{1:}$
Home Address (include PO Box if	annlicable	.8912	South 29th		i)	
City: Lincoln	арричасть	Counts	.:NE	Zin Codo	68516	)
Home Phone Number: 402-410	6-1548	County		21p code:_ 402-47!	5-0777	7
5 (5) 10 (10 (10 (10 (10 (10 (10 (10 (10 (10				10-14-000-1-10-1-10-1-10-1-10-1-10-1-10		NE
Social Security Number.					lifts programs broady had extende	INE
Date Of Birth:		Place	Of Birth: Hastin	gs, Nebi	raska	
Are you married? If you complete	mouga?a :-	form etics	(Evon if a anguest-	Condavit has 1		4 - 4
Are you married? If yes, complete s	spouse's in	normatioi	i (Even ii a spousai	RECEN	ED	tea)
•YES ON	IO	135 13 773				
Spouse's information			CON.	TROL COM		N
labassa			0			
Spouses Last Name: Johnson		-,,	First Name: Sar	a	MI	: <u>J</u>
Social Security Number:		Driv	vers License Number	& State		
Date Of Birth.			Place Of Birth: Nor	folk, Nel	oraska	l
APPLICANT & SPOUSE MUST	LIST RE	SIDENC	E(S) FOR THE PAS	ST TEN (10)	YEARS	
APPLICANT			SPOUS	SE		
CITY & STATE	YEAR	YEAR	CITY & ST	ATE	YEAR	YEAR
	FROM	то		2	FROM	то
Lincoln, Nebraska	1995	2013	Lincoln, Ne	braska	1979	2013
			-			
				10		
				9		